MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/088023

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3								53						
4								54						
5								55						
6								56						
7								57						
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22								72						
23						•		73						
24								74						
25								75						
26								76						
27								77						
28						o		78						
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42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1	⇩		⇩		⇩		TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.	1	⇦		⇦		⇦		TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS	2							TOTAL CLAIMS						

☆ *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS*